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DATE: September 29, 2006

PTO IDENTIFIER: Application Number 10/057,112-Conf. #1887
Patent Number

Inventor: Kurt Oster et al.

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FROM: EDWARDS ANGELL PALMER & DODGE LLP

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Attorney Dkt. #: 56876(45579)

PAGES (Including Cover Sheet): 17

CONTENTS: Amendment Transmittal (1 page), including duplicate copy;
Petition for Extension of Time Under 37 CFR 1.136(a) (1 page), including duplicate copy;
Amendment and Response (11 pages);
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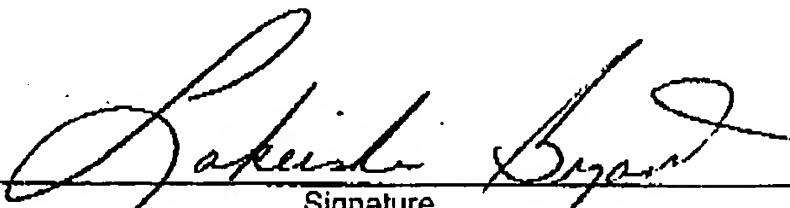
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Application No. (if known): 10/057,112

Attorney Docket No.: 56876(45579)

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AMENDMENT TRANSMITTAL LETTER			Docket No. 56876(45579)	
Application No. 10/057,112-Conf. #1887	Filing Date January 25, 2002	Examiner C. L. Miller	Art Unit 3738	
Applicant(s): Kurt Osther et al.				
Invention: IN VITRO REPAIR OF BONE AND/OR CARTILAGE DEFECTS				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	20	- 29 =		x
Independent Claims	3	- 8 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month				510.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				510.00
<input type="checkbox"/> Large Entity		<input checked="" type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 510.00. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Dated: <u>September 29, 2006</u>				
Peter F. Corless Attorney/Agent Reg. No.: 33,860				
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AMENDMENT TRANSMITTAL LETTER

Docket No.
56876(45579)

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	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 20 =		x	
Independent Claims	3	- 8 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					510.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					510.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 04-1105 in the amount of \$ 510.00. A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

 Peter F. Corless
 Attorney/Agent Reg. No.: 33,860

Dated: September 29, 2006

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